

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

JAN 4 1934

PLACE OF DEATH

County St. Louis
Township Central
City Overland (No. 9428 Marlow)

Registration District No. 289
Primary Registration District No. 6033

File No. 37769
Registered No. 344
St. _____ Ward _____

FULL NAME

(a) Residence, No. _____
(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

Ward.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amrose Corrigan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 6-1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 2 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Isabelle Mery
(ADDRESS) Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Traine Du Rocher DATE 11-25-1933

19. UNDERTAKER Bannan Bros Inc.
(ADDRESS) Overland, Mo.

20. FILED 11/23 1933 John Gray D. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 1933

22. I HEREBY CERTIFY That I attended deceased from Sept. 26, 1933 to Nov. 22, 1933

I last saw him alive on Nov. 22, 1933 Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

Cardio Vascular Hypertension Date of onset _____

Diarrhea

Other contributory causes of importance: Uremia / Conna

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? 22

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. L. Bailey M. D.

(Address) 9120 E. Mission

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

